# Employment Application

## Applicant Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apartment/Unit #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail Address</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Position Applied for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a citizen of the United States?</th>
<th></th>
<th>If no, are you authorized to work in the U.S.?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever worked for this organization?</th>
<th></th>
<th>If so, when?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever been convicted of a felony?</th>
<th></th>
<th>If yes, explain.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Employment History

List all jobs and activities that indicate your qualifications including part-time employment while in school, employment and periods of unemployment for the past seven (7) years. Attach separate sheet if necessary. Begin with most recent employer. Information is subject to verification.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor's Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date: From</th>
<th></th>
<th>End Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Starting rate of pay</th>
<th>Last rate of pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for leaving</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

If time elapsed between positions, please explain.
# Employment Application

<table>
<thead>
<tr>
<th>Company Name</th>
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<tbody>
<tr>
<td></td>
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<th>Address</th>
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<th>Zip</th>
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<th>End Date:</th>
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<tbody>
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Starting rate of pay

Last rate of pay

Responsibilities

Reason for leaving

If time elapsed between positions, please explain.

## REFERENCES

I, ________________________ authorize Nevada Blind Children’s Foundation to contact the persons or organizations listed below for the purpose of obtaining current and previous employment reference information including information contained in my personnel file(s). These persons are authorized to disclose such information.

Please list three professional references.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Company</th>
<th>Phone (     )</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
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<th>Relationship</th>
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## EDUCATION

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Diploma/Degree Yes or No</th>
<th>Major/Course of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Technical, trade, graduate or other</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
MILITARY SERVICE, IF APPLICABLE

<table>
<thead>
<tr>
<th>Branch</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank at Discharge</td>
<td>Type of Discharge</td>
<td></td>
</tr>
<tr>
<td>If other than honorable, explain.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that omissions, false or misleading information in my application or interview may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of Nevada Blind Children's Foundation and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause and with or without advanced notice at the option of either the organization or myself.

I also agree to a background check and finger printing if required for the position I am applying to. I understand that failure to meet any requirements including medical and/or health requirements for the position may prevent my employment with the organization (the aforementioned administered in accordance with state and federal laws). I also understand that employment for certain positions will be conditional upon successful completion of a substance abuse screening test.

Nevada Blind Children's Foundation does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, age, disability, handicap or veteran status or other status as protected by State and Local Laws.

Signature                  | Date